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MULTIVARIATE ANALYSIS OF PREDICTORS FOR SUCCESSFUL RETROGRADE PROCEDURE IN PERCUTANEOUS CORONARY INTERVENTIONS FOR CHRONIC TOTAL OCCLUSIONS FROM INVESTIGATION FROM JAPANESE RETROGRADE SUMMIT MULTICENTER REGISTRY DATA

i2 Poster Contributions
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Background: 257 Retrograde for percutaneous coronary interventions (PCI) for chronic total occlusions (CTO) was introduced several years ago. We have established the Retrograde Summit with Japanese investigators to promote these techniques in a safe and appropriate way to improve initial success rates in CTO-PCI.

Methods: 311 We evaluated the predictors of retrograde success using registered data from 28 centers in the Retrograde Summit. Total 801 of 3,014 CTO cases attempted via the retrograde approach between 2009 and 2010 were retrospectively collected in the registry. Univariate and multivariate analyses were performed to estimate the predictors of retrograde success in CTO-PCI.

Results: 509 Overall procedure success rate was 84.8% (679/801) and retrograde success rate was 71.2% (570/801). We evaluated differences of baseline patient, lesion, and procedure characteristics between retrograde success group (RS: 570) and failure group (RF: 231). The presence of calcification at CTO site was significantly higher (53.6% vs. 62.6%, $p=0.0207$) and the patient was older (65.1 ± 11.0 years old vs. 67.6 ± 10.6 years old, $p=0.0027$) in RF group. Corsair microcatheter was more frequently used in RS group (70.9% vs. 58.4%, $p=0.0007$). Results of multivariate analysis are shown in the table below.

Conclusion: 171 We found use of the Corsair microcatheter to be a predictor for retrograde success.

	OR	95% CI	P value
Use of Corsair microcatheter	1.785	1.291-2.469	0.0005
Age > 65 years old	0.607	0.441-0.837	0.0021
Calcification at CTO site	0.674	0.489-0.928	0.0149